



Confirmation of Completion of Increased Scope of Practice Competencies (EMR)

Alberta College of Paramedics

To be used for the increased scope of practice competencies as per the 2004 edition of the Alberta Occupational Competency Profile (AOCP).

ALL COMPETENCIES MUST BE SIGNED OFF BEFORE THIS FORM IS FORWARDED TO THE COLLEGE. INCOMPLETE FORMS WILL BE RETURNED.

Name _____ R.O. # _____

Mailing Address: _____

City _____ Province _____ Postal Code _____

Phone # _____ Date of ACP Registration Exam (Month/Year) _____

Are you expecting to use the new competencies in your place of employment? Yes No Not sure at this time
(Please circle one)

Competencies	Training Facility	Instructor Name	Instructor's Initial (upon completion)
EMR Pharmacology			
EMR Airway Management			
EMR Trauma and MCI			

Name of Examiner: _____ Signature of Examiner: _____
(Please print legibly)

Name of Medical Director _____ Signature of Medical Director: _____
(Please print legibly)

(The signature of the medical director does not imply that the new competencies for the EMR's will be integrated into the BLS protocols of the service the practitioner works for.)

**Alberta College of Paramedics
#220, 2755 Broadmoor Blvd.
Sherwood Park, AB T8H 2W7
Fax: (780) 417-6911**

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